MONTHLY EXPENSE REPORT									FOR MO	FOR MONTH OF						05	
THE WHITE AREAS MUST BE COMPLETED. THE GRAY AREAS ARE OPTIONAL FOR AGENCY USE. EMPLOYEE NAME (LAST, FIRST) DEFFICE ADDRESS WORK PHO									DEPART	PAGE OF DEPARTMENT / DIVISION OR INSTITUTION							
									VENDOR CODE (SOCIAL SECURITY NUMBER)								
									ONE NO. UNIT/COUNTY					LOCATION CODE OR DOCUMENT NO.			
DATE			FROM/	TO & PURPOS	SE		Ret (X)	MILES	BREAK FAST		UNCH	DINNER	LODGING	BUS R.R. AIR	MISC.*	TOTAL	
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				TOTAL		OTALS OF AB											
			TOTALS FROM OTHER PAGES TOTAL MILES							<u> </u>		AT			PER MILE		
TOTAL INSTATE			TOTAL OUTSTATE				TOTAL RI			EIMBURSABLE EX			E			•	
DATE	* EXPLA	NATI	ON OF M	/ISCELLANEO	US		- 1										
hereby certification and the second s	y the above o	laim is	correct, t	that these expenses.	ses wer	re necessary to c	onduc	ct state busi	ness, that pa	yment h	as been ma	ade from pe	rsonal funds fo	r which I have	e not been reim	bursed, nor will I	
APPROVAL S	SIGNATURE							CLAIMANT	SIGNATURE	Ī					DATE		
TITLE DATE APPROVED 1								TITLE	E OFFICIAL DOMICILE								
VERIFIED BV AND DA	FUN	ID	AGCY	ORG/SUB		APPR UNIT		ACTIVITY	FUNCTION	С)BJ/SUB	JC	B NUMBER	REP CA	T A	MOUNT	
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